

☐ Between 5 to 10 years

Pre-Survey	for I	Health	Care	Profess	ional	s D	Pate
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- Answer all the questions by checking the box next to the answer.
- When you have completed this survey, please return it to your instructor.
- This survey is for informational purposes only and all responses are confidential.

1.	Of this list, what activities do you consider to be "gambling"? (check all that apply)							
	☐ Playing the lottery or scratch-off tickets		 ☐ Playing cards for money (poker, etc. ☐ Betting at video lottery machines ☐ Betting at a school, church, or community event ☐ Betting money on horse races/dog fights 					
	\square Playing bingo for money or prizes	\square Betting on the Internet						
	☐ Playing keno	\square Betting on dice game						
	\square Betting on games of personal skill (pool,	<u> </u>						
	☐ Gambling at a casino ☐ Other (please specify)							
2.	Do you believe gambling can be addictive		=					
3.	Do you currently integrate problem gam		ning?□ Yes □ No					
4.	Do you currently screen for Problem/Pat		_					
	\square Yes (Go to Question 6)	\square Sometimes (Go to Question 6)	\square No (Go to Question 7)					
5.	Do you use a standardized screen tool?							
	☐ No ☐ Yes / Sometimes (If so, please de		<u></u>					
6. I would know where to refer someone for more information about gambling treatment. \Box Yes \Box No								
7.	Our agency is prepared to adequately he		=	_				
	☐ Strongly Agree ☐ Agree	☐ Neutral	☐ Disagree	☐ Strongly Disagree				
8.	Would you be interested in workshops a	_						
9.	How many years have you been in your							
	☐ Less than a year	\square Between 1 to 2 years	\square Between 2 to 5 years					
	☐ Between 5 to 10 years	\square More than 10 years						
	Pre-Survey for HealthCare Professionals Onte: Answer all the questions by checking the box next to the answer. When you have completed this survey, please return it to your instructor.							
	N E B R A S K A • This survey is for informational purposes only and all responses are confidential.							
1.	Of this list, what activities do you consid	er to be "gambling"? (check all that	apply)					
	☐ Playing the lottery or scratch-off tickets	☐ Betting on team sports	☐ Playing cards for money	(poker, etc.				
	☐ Playing bingo for money or prizes	☐ Betting on the Internet	☐ Betting at video lottery	machines				
	☐ Playing keno	☐ Betting on dice game	☐ Betting at a school, chu	rch, or community event				
	☐ Betting on games of personal skill (pool,	darts or bowling)	☐ Betting money on horse	e races/dog fights				
	☐ Gambling at a casino ☐ Other (please specify)							
2.	Do you believe gambling can be addictive		ugs? 🗆 Yes 🗀 No					
3.	Do you currently integrate problem gam	bling education into your programn	ning?□ Yes □ No					
4.	Do you currently screen for Problem/Pat	thological gambling?						
	☐Yes (Go to Question 6)	☐ Sometimes (Go to Question 6)	\square No (Go to Question 7)					
5.	Do you use a standardized screen tool?							
	☐ No ☐ Yes / Sometimes (If so, please de	escribe):						
6.	I would know where to refer someone for	or more information about gambling	g treatment. \square Yes \square No					
7.	Our agency is prepared to adequately help our clients with Problem Gambling behaviors.							
	☐ Strongly Agree ☐ Agree	□ Neutral	☐ Disagree	☐ Strongly Disagree				
8.	Would you be interested in workshops a	about Problem Gambling treatment	: / prevention? \square Yes \square No					
9.	How many years have you been in your	profession as a clinician/healthcare	e professional?					
	☐ Less than a year	☐ Between 1 to 2 years	☐ Between 2 to 5 years					

☐ More than 10 years

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☐ Playing the lottery or scratch-off tickets ☐ Betting on team sports ☐ Playing cards for money (poker, etc.)								
\square Playing bingo for money or prizes \square Betting on the Internet \square Betting at video lottery machines								
☐ Playing keno ☐ Betting on dice game ☐ Betting at a school, church, or community event								
☐ Betting on games of personal skill (pool, darts or bowling) ☐ Betting money on horse races/dog fights								
☐ Gambling at a casino ☐ Other (please specify)								
Do you believe gambling can be addictive like tobacco, alcohol and other drugs? ☐ Yes ☐ No								
Could problem gambling education be easily integrated into your programming? □ Yes □ No								
I would know where to refer someone for more information about gambling treatment. ☐ Yes ☐ No								
Our agency is prepared to adequately help our clients with Problem Gambling behaviors.								
☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree								
Would you be interested in workshops about Problem Gambling treatment / prevention?								
☐ Yes ☐ No								
Post Companion Health save Professionals - Date: / /								
Post-Survey for Healthcare Professionals Date://								
Answer all the questions by checking the box next to the answer.								
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Would you be interested in workshops about Problem Gambling treatment / prevention?								

Post-Survey for Healthcare Professionals

Answer all the questions by checking the box next to the answer.

When you have completed this survey, please return it to your instructor.

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Date: __/__/__